



General Assembly

January Session, 2007

Substitute Bill No. 6976

* _____HB06976PH_HS_030607_____*

AN ACT CONCERNING CHRONIC CARE MANAGEMENT.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2007*) As used in sections 1 to 5,
2 inclusive, of this act:

3 (1) "Chronic care" means health care services provided by a health
4 care provider for an established clinical condition that is expected to
5 last for at least one year and requires ongoing clinical management in
6 order to restore the individual to the highest level of function,
7 minimize the negative effects of the clinical condition and prevent
8 complications related to chronic conditions such as diabetes,
9 hypertension, cardiovascular disease, cancer, asthma, pulmonary
10 disease, substance abuse, mental illness, spinal cord injury and
11 hyperlipidemia.

12 (2) "Chronic care management" means a system of coordinated
13 health care interventions and communications for individuals with
14 chronic conditions, including significant patient self-care efforts,
15 systemic supports for the health care provider and patient relationship,
16 and a plan of care emphasizing prevention of complications utilizing
17 evidence-based practice guidelines, patient empowerment strategies
18 and evaluation of clinical, humanistic and economic outcomes on an
19 ongoing basis with the goal of improving overall health.

20 (3) "Health care provider" means any person, corporation, limited
21 liability company, facility or institution operated, owned or licensed by
22 this state to provide health care services.

23 (4) "Health risk assessment" means screening by a health care
24 provider for the purpose of assessing an individual's health, including
25 tests or physical examinations and a survey or other tool used to
26 gather information about an individual's health, medical history and
27 health risk factors during a health screening.

28 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) Not later than January 1,
29 2009, the Commissioner of Public Health, in coordination with the
30 Secretary of the Office of Policy and Management, shall develop a five-
31 year strategic plan for a state-wide system of chronic care
32 management.

33 (b) (1) The strategic plan shall include:

34 (A) A description of the chronic care management system,
35 including, but not limited to, chronic care infrastructure, patient self-
36 management programs, community initiatives, and health system and
37 information technology, which technology may be used uniformly
38 state-wide by private insurers, third party administrators and public
39 programs;

40 (B) A description of prevention programs and ways to integrate
41 such programs into communities, with chronic care management;

42 (C) Reimbursement systems aligned with the goal of managing the
43 care of individuals with or at risk for chronic conditions in order to
44 improve outcomes and the quality of care;

45 (D) The involvement of public and private groups, health care
46 providers, insurers, third-party administrators, associations and firms
47 to facilitate and assure the sustainability of a new system of chronic
48 care;

49 (E) The involvement of community and consumer groups to
50 facilitate and assure the sustainability of health care services
51 supporting healthy behaviors and good patient self-management for
52 the prevention and management of chronic conditions;

53 (F) Alignment of any information technology needs with other
54 health care information technology initiatives;

55 (G) The use and development of outcome measures and reporting
56 requirements, aligned with existing outcome measures within the
57 Departments of Public Health and Social Services, to assess and
58 evaluate the system of chronic care;

59 (H) Target timelines for inclusion of specific chronic conditions in
60 the chronic care infrastructure and for state-wide implementation of
61 the chronic care management plan;

62 (I) Identification of resource needs for implementation and
63 sustainment of, the chronic care management system and strategies to
64 meet those needs;

65 (J) Protocols for maintaining patient privacy and the security of
66 health system and information technology; and

67 (K) A strategy for ensuring state-wide participation in the chronic
68 care management plan no later than January 1, 2010, by insurers, third-
69 party administrators, health care providers, hospitals and other
70 professionals and consumers, including, but not limited to, common
71 outcome measures, best practices and protocols, data reporting
72 requirements, payment methodologies and other standards.

73 (2) The Commissioner of Public Health shall review the five-year
74 strategic plan for chronic care management biennially, and amend the
75 plan as necessary to reflect changes in state-wide priorities.

76 (c) (1) On December 31, 2009, and annually thereafter, the
77 Commissioner of Public Health shall report, in accordance with the

78 provisions of section 11-4a of the general statutes, on the status of
79 implementation of the chronic care management plan to the joint
80 standing committees of the General Assembly having cognizance of
81 matters relating to public health, human services, insurance and
82 appropriations. The report shall include the number of insurers, health
83 care providers and patients currently participating in the chronic care
84 management plan; the progress for achieving state-wide participation
85 in the plan; the status of the individual components of the plan
86 described in subdivision (1) of subsection (b) of this section; annual
87 expenditures and savings associated with the plan; the results of health
88 care provider and patient satisfaction surveys; the progress toward
89 creation and implementation of privacy and security protocols; any
90 amendments to the plan as a result of the biennial review undertaken
91 pursuant to subdivision (2) of subsection (b) of this section; and such
92 other information as requested by the committees.

93 (2) If state-wide participation in the chronic care management plan
94 is not achieved by January 1, 2012, the Commissioner of Public Health,
95 in coordination with the Secretary of the Office of Policy and
96 Management, shall evaluate the chronic care management plan and
97 report any recommendations for changes to the plan to ensure state-
98 wide participation by health insurers, third-party administrators and
99 health care providers to the joint standing committees of the General
100 Assembly having cognizance of matters relating to public health,
101 human services, insurance and appropriations, in accordance with
102 section 11-4a of the general statutes.

103 Sec. 3. (NEW) (*Effective from passage*) (a) There is established a
104 Chronic Care Management Advisory Committee. The committee shall
105 consist of the Commissioners of Public Health, Health Care Access and
106 Human Services and the Insurance Commissioner and nine members
107 appointed as follows: One by the Governor; two each by the president
108 pro tempore of the Senate and the speaker of the House of
109 Representatives; one each by the majority leaders of the Senate and the
110 House of Representatives; one each by the minority leaders of the

111 Senate and the House of Representatives. Members shall serve for a
112 term of five years commencing on October first. No member may serve
113 for more than two consecutive five-year terms. All initial appointments
114 to the committee shall be made by October 1, 2007. Any vacancy shall
115 be filled by the appointing authority.

116 (b) The Commissioner of Public Health shall serve as the
117 chairperson of the committee and shall schedule the first meeting of
118 the committee, which shall be held no later than December 1, 2007.

119 (c) The committee shall (1) advise the Commissioner of Public
120 Health and the Secretary of the Office of Policy and Management on
121 the development and implementation of the five-year strategic plan for
122 a state-wide system of chronic care management, as described in
123 section 2 of this act, (2) engage a broad range of health care providers,
124 health insurance plans, professional organizations, community and
125 nonprofit groups, consumers, businesses, school districts, and state
126 and local government in developing and implementing the five-year
127 strategic plan, and (3) assist in developing health care provider and
128 patient satisfaction surveys for the purpose of evaluating the five-year
129 strategic plan.

130 Sec. 4. (NEW) (*Effective October 1, 2007*) (a) Upon completion of the
131 five-year strategic plan for chronic care management, in accordance
132 with section 2 of this act, the Secretary of the Office of Policy and
133 Management, or a designee, shall create a chronic care management
134 program as provided for in this section, which shall be (1) consistent
135 with said five-year strategic plan for chronic care management, and (2)
136 administered or provided by a private entity for individuals with one
137 or more chronic conditions who are enrolled in the state Medicaid
138 plan, the HUSKY Plan, Part A or Part B or the state-administered
139 general assistance program. The program shall not include individuals
140 who are also eligible for Medicare, who are enrolled in the Choices for
141 Care Medicaid Section 1115 waiver or who are in an institution for
142 mental disease, as defined in 42 CFR Section 435.1010.

143 (b) The chronic care management program shall include a broad
144 range of chronic conditions and shall be designed to include:

145 (1) A method involving health care providers in identifying eligible
146 patients, an enrollment process that provides incentives and strategies
147 for maximum patient participation and a standard health risk
148 assessment for each individual;

149 (2) The process for coordinating care among health care providers;

150 (3) Methods for increasing communications among health care
151 providers and patients, including patient education, self-management
152 and follow-up plans;

153 (4) The educational, wellness and clinical management protocols
154 and tools used by the private entity responsible for administering the
155 chronic care management program established under this section,
156 including management guideline materials for health care providers to
157 assist in patient-specific recommendations;

158 (5) Process and outcome measures to provide performance feedback
159 for health care providers and information on the quality of care,
160 including patient satisfaction and health status outcomes;

161 (6) Payment methodologies to align reimbursements and create
162 financial incentives and rewards for health care providers to establish
163 management systems for chronic conditions, to improve health
164 outcomes and to improve the quality of care, including case
165 management fees, pay for performance, payment for technical support
166 and data entry associated with patient registries, the cost of staff
167 coordination within a medical practice and any reduction in a health
168 care provider's productivity;

169 (7) A payment structure for the private entity responsible for
170 administering the chronic care management program that would
171 reduce or jeopardize fees if the private entity is unsuccessful in
172 reducing costs to the state;

173 (8) A requirement that the private entity responsible for
174 administering the chronic care management program share data on
175 enrollees, to the extent allowable under federal law, with the Secretary
176 of the Office of Policy and Management for purposes of developing
177 health care reform initiatives;

178 (9) A method for the private entity responsible for administering the
179 chronic care management program to participate closely in the biennial
180 review of the five-year strategic plan for chronic care management and
181 other health care reform initiatives; and

182 (10) Pharmacy cost control initiatives, including participation in the
183 preferred drug lists for use in the Medicaid, state-administered general
184 assistance and ConnPACE programs.

185 (d) The Secretary of the Office of Policy and Management shall issue
186 a request for proposals for the chronic care management program
187 authorized under this section and shall review the request for
188 proposals with the Commissioner of Public Health prior to issuance.
189 Any contract under this section may allow the entity to subcontract
190 some services to other entities, provided it is cost-effective, efficient or
191 in the best interest of the individuals enrolled in the program.

192 (e) The Secretary of the Office of Policy and Management shall
193 ensure that the chronic care management program is modified over
194 time for consistency with the five-year strategic plan for chronic care
195 management described in section 2 of this act.

196 Sec. 5. (NEW) (*Effective October 1, 2007*) Upon completion of the five-
197 year strategic plan for chronic disease management, in accordance
198 with section 2 of this act, the Commissioner of Social Services shall
199 ensure that payment methodologies under the state Medicaid plan,
200 Medicaid waiver programs and the HUSKY Plan, Part A and Part B are
201 consistent with payment methodologies recommended in the five-year
202 strategic plan. The commissioner shall periodically analyze and report,
203 in accordance with section 11-4a of the general statutes, to the joint

204 standing committees of the General Assembly having cognizance of
 205 matters relating to social services and public health concerning any
 206 recommended waivers or wavier modifications necessary to fully
 207 implement the five-year strategic plan within the Department of Social
 208 Services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	New section
Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>October 1, 2007</i>	New section
Sec. 5	<i>October 1, 2007</i>	New section

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Joint Favorable Subst. C/R

HS